

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024228

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 274 Primary Registration District No. 3056 Registrar's No. 157 STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10887

20880

3

4 0

5 0

6

7 0

8 0

94200

10

11

12 1-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give township only) <u>Moberly</u>		c. CITY OR TOWN <u>Remick</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>None</u>	
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>STONE</u> Last <u>DEAN</u>		4. DATE OF DEATH <u>June-25-1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-14-1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Messenger</u>		11. BIRTHPLACE (City and state or country) <u>Andrain Co., Mo.</u>	
13a. FATHER'S NAME <u>Robert Dean</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>9 Mrs. Harold Scott Moberly Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u> DUE TO (b) <u>Arteriosclerotic Heart disease</u> DUE TO (c) <u>—</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral embolism - 6-17-62</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>6:17</u> a.m. <u>62</u> Month, Day, Year <u>6-25-62</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>6-25-62</u> COUNTY <u>Mo</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>6:17:62</u> to <u>6-25-62</u> and last saw him alive on <u>6-25-62</u> Death occurred at <u>1:45P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Geni S. Jolly SO.</u>		22b. ADDRESS <u>203 1/2 N. Clark, Moberly Mo</u>	
22c. DATE SIGNED <u>6-26-62</u>			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial June-27-1962</u>		23b. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	
23c. LOCATION (City, town, or county) <u>Moberly Mo.</u>		23d. LOCATION (City, town, or county) <u>Moberly Mo.</u>	
24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo.</u>		25. DATE RECD BY LOCAL REG. <u>6-27-62</u>	
26. REGISTRAR'S SIGNATURE <u>Lee DeLoe</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Jerry R. Carter

Licensed Embalmer No. 4906

P. O. Address Moberly, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.